BEST AVAILABLE COPY

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| MULTIPLE DEPENDENT CLAIM FEE CALCYLATION SHEET | | | | | | | | U | SERIAL NO SERIAL | | | | | |
| (FOR USE \ H FORM PTO-875) | | | | | | | | APPLICAN | rt(s, | <u> </u> | | | | |
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| PTO - 1360 (| (REV. 11/04) | | i. | | · | | | · | P | atent and Tra | demark Offic | | | |